DEPA CENT	RTMENT OF HEALTH ERS FOR MEDICARE	AND HUMAN SERVICES  MEDICAID SERVICES			FOR	D. 01724720 M APPROV
STATEME	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445464		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			O. 0938-03 ATE SURVEY OMPLETED
			B. WING		04/24/2044	
NAME O	NAME OF PROVIDER OR SUPPLIER HILLVIEW HEALTH CENTER		Sī	REET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	<u>1/21/2014</u>
			16 EL			
(X4) ID PREFIX TAG	( EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	N D BE	(X5) COMPLETIC DATE
K 01	8 NFPA 101 LIFE SAI	FETY CODE STANDARD	K 018	The lower level storage	ئو. ئو	2-7-1
SS=[	)			room door was found to		
	Doors protecting co	pridor openings in other than	•	be defective and will be		•
	hazardous areas ar	s of vertical openings, exits, or e substantial doors, such as	I	adjusted to ensure it		1 7
	those constructed of	of 1¾ inch solid-bonded core		closes to a positive latch		+I
	wood, or capable of	resisting fire for at least 20		by the Maintenance		1 }
	minutes. Doors in s	sprinklered buildings are only		Supervisor		!
	no impediment to the	e passage of smoke. There is the closing of the doors. Doors	:	Super visor		;
	are provided with a	means suitable for keeping		All other decision		
	the door closed. Du	tch doors meeting 19.3.6.3.6	!	All other doors were		
	are permitted. 19.	.3.6.3		checked for defects on		
	Roller latches are or	ohibited by CMS regulations		1-21-14 by the		
	in all health care fac	ilities.	:	Maintenance		
				Supervisor. No other		
	1	•	:	doors were found to be		
			<u>:</u> !	affected.		!
			:	The Maintenance		
				Supervisor was in-		
			:	serviced by the		
	This STANDARD is	not met as evidenced by:	:	Administrator on 1-21-		
	Based on observation	on and interview, it was	÷	14 on positive latching		l
	determined the facilit	y failed to assure corridor	i I	of corridor doors.		:
	The findings include:	suive latch.	:			
	Observation and inter	rview January, 21, 2014 at	:	The positive latch on		!
	12:15 PM confirmed	the lower-level storage room	İ	the storage door will be		
	door, across from roc	om 1, was not self-closing in	:	checked weekly and		
	dragging on the carpe	to a positive latch due to	:	coincide with the door		
	This finding was verif	ied by the Maintenance	•	lock tests that are	,	
	Supervisor and ackno	owledged by the		currently being		
	Administrator during t	the exit conference on	:	conducted to ensure		
K 020	January 21, 2013.	ETY CODE STANDARD	14.000	positive latch is		
		VSUPPLIER REPRESENTATIVE'S SIGNA	K 029	+		

- Joshua Carran Administrator 2

ny deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 lys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		445464	8. WING				1/21/2014
(X4) ID PREFIX			ID PREFI	1666 ELIZ	EET ADDRESS, CITY, STATE, ZIP CODE 6 HILLVIEW DRIVE ZABETHTON, TN 37643 PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL	01/21/2014  TION (X5) ULD BE COMPLETI	
	÷	OCIDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
K 018 SS≃D		FETY CODE STANDARD	ΚO	18	working properly by the Maintenance	r. L	
	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as				Supervisor. The results of the audit will be reported to the		
	wood, or capable of minutes. Doors in s	f 1¾ inch solid-bonded core resisting fire for at least 20 prinklered buildings are only passage of smoke. There is			Administrator and any doors out of compliance		
	the door closed. Duare permitted. 19	ne closing of the doors. Doors means suitable for keeping utch doors meeting 19.3.6.3.6.3.6.3.6.3		:	will be corrected immediately. The Maintenance Supervisor		•
					and Administrator will report all results obtained to the Quality		
:				:	Assurance/Performance Improvement Committee. The		:
;		;		:	Quality Assurance/Performance Improvement		· :
	This STANDARD is Based on observation	not met as evidenced by:		:	Committee consists of the Administrator, Director of Nursing,		· ·
	determined the facility failed to assure corridor doors closed to a positive latch.  The findings include: Observation and interview January, 21, 2014 at 12:15 PM confirmed the lower-level storage room door, across from room 1, was not self-closing in	y failed to assure corridor sittive latch.		:	Minimum Data Set Coordinators,		
			:	Rehabilitation Manager, Medical Director,			
· .	that it failed to close to a positive latch due to dragging on the carpet.  This finding was verified by the Maintenance			;	Social Services Director, Environmental Services Director,		
· .	January 21, 2013.	the exit conference on	K 029	:      -	Maintenance Director, Dietary Manager, and Activities Director.		1
	<del></del>	VSUPPLIER REPRESENTATIVE'S SIGNA		!	TITLE .	<del></del>	(X6) DATE

ny deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 yes following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	FICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			
	445464	B. WING		·····		1/21/2014	
NAME OF PROVIDER OR SUPPLIER HILLVIEW HEALTH CENTER				EET ADDRESS, CITY, STATE, ZIP CODE 6 HILLVIEW DRIVE ZABETHTON, TN 37643		<u>172 172</u> 0 14	
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	IO PREFI) TAG	(	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	UIDBE	(X5) COMPLETION DATE	
K 018 NFPA 101 LIFE SAF SS≃D	ETY CODE STANDARD	· K0	18		g. Ç	· ·	
required enclosures hazardous areas are those constructed of wood, or capable of minutes. Doors in sprequired to resist the no impediment to the are provided with a return the door closed. Dut are permitted.	ridor openings in other than of vertical openings, exits, or e substantial doors, such as 13/4 inch solid-bonded core resisting fire for at least 20 prinklered buildings are only passage of smoke. There is e closing of the doors. Doors means suitable for keeping to doors meeting 19.3.6.3.6 3.6.3 phibited by CMS regulations littles.						
determined the facility doors closed to a pos The findings include: Observation and inter 12:15 PM confirmed t door, across from roo that it failed to close to dragging on the carpe This finding was verific Supervisor and ackno Administrator during the January 21, 2013. K 029 NFPA 101 LIFE SAFE	view January, 21, 2014 at he lower-level storage room m 1, was not self-closing in a positive latch due to et. ed by the Maintenance wledged by the he exit conference on	K 029					
BORATORY DIRECTOR'S OR PROVIDERA y deficiency statement lending with an a	ua Cannon	TURE	_ P	tyministrator	ر م	X6) DATE	

by deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days lowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 years participation.

RM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 5HVZ21

Facility ID: TN1002

DEPA	KTMENT OF HEALTH	AND HUMAN SERVICES			A THE LEVEL OF THE TREE OF T
CENT	ERS FOR MEDICARE	& MEDICAID SERVICES			FORM APPROVED
STATEME	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
		445464	B. WING		04/04/0044
NAME O	F PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	01/21/2014
HILLVIEW HEALTH CENTER			1	1666 HILLVIEW DRIVE ELIZABETHTON, TN 37643	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	DULD BE COMPLETION (
K 029 SS=[		ge 1 construction (with ¾ hour	K 02	penetrations in the	2-7-14
	extinguishing syster and/or 19.3.5.4 prot the approved autom option is used, the a other spaces by small	an approved automatic fire in accordance with 8.4.1 ects hazardous areas. When atic fire extinguishing system reas are separated from oke resisting partitions and		lower level storage room and ceiling of the lower level storage room will be sealed to assure fire rated	
	field-applied protecti	elf-closing and non-rated or ve plates that do not exceed nottom of the door are		construction guidelines have been met by the Maintenance Supervisor.	
	determined the facility construction was made an interest of the findings include: Observation and interest of the ceiling of the low These findings were Supervisor and acknowledges.	rview on January 21, 2014 at unsealed conduit wer level electrical room and er level storage room. verified by the Maintenance by wedged by the		All other conduit penetrations were checked on 1-21-14 by the Maintenance Supervisor. No other areas were found to be affected.  The Maintenance Supervisor was in-	:
K 062 SS=D	Administrator during January 21, 2013. NFPA 101 LIFE SAFE Required automatic s continuously maintain condition and are inspection.	ETY CODE STANDARD  prinkler systems are led in reliable operating	K 062	serviced by the Administrator on 1-21- 14 on unsealed conduit penetrations.  All conduit penetrations will be checked weekly by the Maintenance Supervisor x 3 months	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	RE & MEDICAID SERVICES				OMB N	O. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445464		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		B. WING			04/04/0044	
NAME OF PROVIDER OR SUPPLIE	R	<del>'</del>	\$TR	EET ADDRESS, CITY, STATE, ZIP CODE		<u>1/21/2014</u>
HILLVIEW HEALTH CENTER	•	-	1666	6 HILLVIEW DRIVE		
			ELIZ	ZABETHTON, TN 37643		
PREFIX . (EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE
V 020 O			:	compliance. Any	ų.	
K 029 Continued From p	age 1	, K 02	29	unsealed areas will be	ال ث	
SS=D One hour fire rate	d construction (with ¾ hour			fixed immediately.	<del>*</del>	:
fire-rated doors) o	r an approved automatic fire	:	:	Results obtained will be		_
extinguishing syst	em in accordance with 8.4.1			reported to the Quality		
and/or 19.3,5,4 pro	otects hazardous areas. When		;	Assurance/Performance		Ý
the approved auto	matic fire extinguishing system	:		Improvement		-
other spaces by si	option is used, the areas are separated from other spaces by smoke resisting partitions and			Committee. The		
doors. Doors are	self-closing and non-rated or		:	Quality		
field-applied protect	field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1			Assurance/Performance		
				Improvement		,
portinited. 19.5.				Committee consists of		:
	:			the Administrator,		:
	. '			Director of Nursing,		:
This STANDARD	is not met as evidenced by:		:	Minimum Data Set		
Based on observa	ition and interview, it was			Coordinators,		
determined the fac	ility failed to assure fire rated		:	Rehabilitation Manager,		
construction was n				Medical Director,		
The findings includ Observation and in	le: Iterview on January 21, 2014 at ∶		:	Social Services		· ·
11:50 AM confirme	d unsealed conduit		-	Director, Environmental		
penetrations in the	lower level electrical room and		:	Services Director,		
These findings wor	the ceiling of the lower level storage room.  These findings were verified by the Maintenance			Maintenance Director,		
Supervisor and ack	e vernied by the maintenance			Dictary Manager, and		
Administrator durin	g the exit conference on		:	Activities Director.		
January 21, 2013.	:		•			1
K 062 NFPA 101 LIFE SA SS=D	FETY CODE STANDARD	K 062	2.			"
	automatic sprinkler systems are		:	The 2 sprinkler heads in		2-7-14
continuously mainta	y maintained in reliable operating			the beauty shop		
condition and are in	spected and tested			obstructed by the light		.
periodically. 19.7 9.7.5	.6, 4.6.12, NFPA 13, NFPA 25,			fixtures will be fixed		· į
9.7.5	i			upon re-installing the		
	•		!	appropriate light		
			,	fixtures by the		

DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES			r		,, 01,24,2014 1APPROVED		
STATEMEN'	T OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION				OMB NO. 0938-0391 (X3) DATE SURVEY		
			A. BUILD	ING 01 - MAIN BUILDIN	CO	COMPLETED			
NAME OF	000/000	445464	B. WING			01	/21/2014		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CI		, ,,,	12 11 20 17		
HILLVIE	W HEALTH CENTER			1666 HILLVIEW DRIV ELIZABETHTON, T					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER (EACH CORR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD RENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE		
K 062	Continued From page	ge 2	К 0	Mainter by 2/7/	nance Supervisor	الي	:		
	determined the facil heads were not obs. The findings include Observation and recomanager, on Januar confirmed 2 of 2 spr shop were obstructe. This finding was veri Supervisor and acknowledge of the finding was verified the finding was verified to the fi	: cord review with the facility y 21, 2013 at 9:50 a.m. inkler heads in the beauty d by light fixtures. fied by the Maintenance		All sprinchecked on 1-21- Maintena Supervis sprinkler found to  The Main Supervis serviced the Admit obstruction heads.  Upon comminstallation light fixtue obtained we reported to	nkler heads were for obstruction 14 by the ance sor. No other r heads were be affected.  Intenance or was inon 1-21-14 by inistrator on on of sprinkler appletion of the on of approved ares, the results will be othe Quality e/Performance nent				
				Quality	Performance				
;		! : :			e consists of istrator,	:			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES			<u>), 0938-0391</u>					
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		ACCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		B. WING	;		01/21/2014			
NAME OF I	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1		
HILLVIEV	W HEALTH CENTER			16	66 HILLVIEW DRIVE			
				EL	JZABETHTON, TN 37643			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)		D BE COMPLÉTIO		
	Based on observation determined the facilities heads were not observation and remanager, on Janua confirmed 2 of 2 sp shop were obstructed. This finding was very Supervisor and ack	s not met as evidenced by: iion and record review, it was lity failed to ensure sprinkler structed. e: cord review with the facility ry 21, 2013 at 9:50 a.m. rinkler heads in the beauty ed by light fixtures. rified by the Maintenance	K •	062	Minimum Data Set Coordinators, Rehabilitation Manager, Medical Director, Social Services Director, Environmental Services Director, Maintenance Director, Dietary Manager, and Activities Director.			
		·				: : : : :		
				:		:		